

Business Status: _____
Business Licenses # _____
Category # _____
(Official use only)

CITY OF YERINGTON
14 E GOLDFIELD AVENUE
YERINGTON, NV 89447
775-463-3511

APPLICATION FOR CITY BUSINESS LICENSE
The City of Yerington is an equal opportunity provider

ANTICIPATED DATE TO COMMENCE BUSINESS: _____
All questions on this application must be answered. Questions not applying to your business should be answered by "n/a" (not applicable).
Type or print with a ballpoint pen.

APPLICANTS: (List other partners on separate sheet)

1. Name: _____
Address: _____ P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone #: _____ Fax #: _____
Date of Birth: _____

2. Name: _____
Address: _____ P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone #: _____ Fax #: _____
Date of Birth: _____

Name of Business: _____ Total Number of Employees: _____

Nature of Business: _____

Detailed Description: _____

Mobile Business: _____NO _____YES

Business requiring door to door sales: _____NO _____YES (*If Yes, Solicitors license required for each employee)

Liquor (of any type) sold or served? _____NO _____YES

Business Phone: _____ Business fax#: _____

Business Address (Location): _____

Business Address (Mailing): _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

If Corporation, what state: _____

Contractor's Lic. #: _____ Dept. of Taxation #: _____

I, certify and declare under the penalties of perjury; that I am the owner, partner, president (circle one), of the business named above; that this is a true, correct and complete report to the best of my knowledge, information and belief and that this report is made with the knowledge and consent of all other individuals named on this application. I also hereby authorize the city of Yerington to make any criminal or credit investigation concerning any matters of this application.

APPLICANT
DATE: _____ **SIGNATURE:** _____

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FEE CALCULATION INFORMATION: (No fees are refundable)

Application Fee: \$ 20.00
 Choose One:
 Permanent Business -- Billed Quarterly from Matrix. (refer to Instruction Page)
 Short Term Project -- To be completed within 30 days. (\$50.00 Fee) \$ _____
 Single Project -- Single job to be completed within one year. (\$50.00 Fee) \$ _____
TOTAL FEES PAID: \$ _____

REQUIRED INSPECTIONS:

Signatures must be obtained before your application can be placed on the City Council agenda. If your business will occupy a building then you will be responsible to call for these inspections and signatures #1 thru #3, signatures #4 and #5 are the responsibility of City Staff. *Department Official – Attach comment page if necessary.

1. **Public Works** Approved [] Denied []
 Phone: 775-463-3511
 ZONING: [] [] [] [] [] [] [] [] []
 R-1 R-2 R-3 R-C C-1 C-2 M-1 N/A
 Does business comply with existing zoning and current codes? Compliance (yes) (no)

Building Inspector _____ Date: _____
 (Signature)
Public Works Director _____ Date: _____
 (Signature)

2. **Fire Department** Approved [] Denied []
 Phone: 775-463-2261

Fire Inspector _____ Date: _____
 (Signature)
Fire Chief _____ Date: _____
 (Signature)

3. **Nevada Health Dept.** Approved [] Denied []
 Phone: 775-687-7550

Inspector _____ Date: _____
 (Signature)

4. **Police Department** Approved [] Denied []
 Phone: 775-463-2333

Police Chief _____ Date: _____
 (Signature)

5. **City Clerk** Approved [] Denied []

City Clerk: _____ Date: _____
 (Signature)

6. **City Council Approval** Approved [] Denied []

Mayor: _____ Date: _____
 (Signature)

Check List: (official use)
 State Business License [] YES [] NO [] N/A
 Employee Insurance [] YES [] NO [] N/A

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ADDITIONAL APPLICANTS:

3. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

4. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

5. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

6. Name: _____
Address: _____ P O Box _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Bus. Phone # _____
Date of Birth: _____

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ATTACHMENT

**(DEPARTMENT USE ONLY)
(PLEASE TYPE OR PRINT CLEARLY)**

DEPARTMENT NAME:

NAME OF INSPECTOR:

NAME OF BUSINESS

COMMENTS: (PLEASE DO NOT ABBREVIATE)